

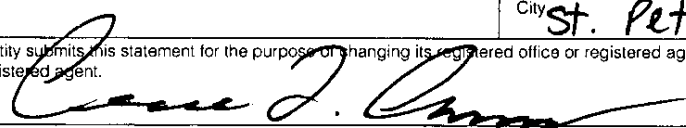
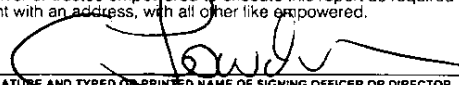


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90178 011 ***150.00

DOCUMENT # P01000117716 1. Entity Name CHANNEL COMPONENTS, INC.					
Principal Place of Business 3545 TYRONE BLVD. NORTH STE 4 SAINT PETERSBURG, FL 33710			Mailing Address 3545 TYRONE BLVD. NORTH STE 4 SAINT PETERSBURG, FL 33710		
2. Principal Place of Business - No P.O. Box # 1911 5th Avenue South		3. Mailing Address 1911 5th Avenue South			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04112007 Chg-P CR2E034 (12/06)	
City & State St. Petersburg, FL		City & State St. Petersburg, FL		4. FEI Number 59-3761319	
Zip 33712		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMES, CAANAN 7810 2ND AVENUE SOUTH ST. PETERSBURG, FL 33710				7. Name and Address of New Registered Agent Name Ames, Caanan Street Address (P.O. Box Number is Not Acceptable) 1911 5th Avenue South City St. Petersburg FL Zip Code 33712	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 4/16/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP AMES, CAANAN 3545 TYRONE BLVD. NORTH # 4 SAINT PETERSBURG, FL 33710	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1911 5th Ave South St. Petersburg, FL 33712
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOWDER, CHRISTOPHER T 3545 TYRONE BLVD. N. # 4 SAINT PETERSBURG, FL 33710	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1911 5th Ave South St. Petersburg, FL 33712	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				4/16/07 727-345-3144	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	